

Maryland Child Abuse Medical Providers (CHAMP)

2010 Annual Report

September 2, 2010

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BACKGROUND

In 2005, the Maryland legislature approved House Bill 1341 “*Public Health – Child Abuse and Neglect Centers of Excellence Initiative.*” This authorized the Maryland Department of Health and Mental Hygiene to help develop a network of expert physicians in the area of child abuse and neglect in Maryland. The initial priority was to help underserved counties have expert medical consultation to assist in the evaluation, treatment and prevention of child maltreatment. A three-year contract was awarded, starting on 9/15/06, to the University of Maryland School of Medicine to lead this initiative. The program was named Maryland Child Abuse Medical Providers (CHAMP). This contract was renewed for another 3 years starting on 7/1/09.

CHAMP GOALS

The goals have evolved since the initiation of CHAMP. These are:

1. To ensure an optimal medical response to children in Maryland suspected of having been abused or neglected, and their families.
2. To develop a statewide network of physicians and forensic nurse examiners – pediatrics (FNE-Ps) to provide a variety of services regarding child maltreatment. In addition to training new physicians as experts in the field of child maltreatment, we wish to include in the network other physicians and nurses who have been active in this field.
3. To collaborate with those in other disciplines and agencies, particularly child advocacy centers (CACs).
4. To build efforts by pediatric health care providers regarding the prevention of child maltreatment.

GOVERNANCE

The project is orchestrated by the University of Maryland School of Medicine, specifically the Division of Child Protection within the Department of Pediatrics. The program director, Howard Dubowitz, MD, MS is Head of the Division of Child Protection. The program’s administrative assistant is within the Division, working 25% time on the project. Financial management is handled by the administration in the School of Medicine, Department of Pediatrics at University of Maryland at Baltimore.

The project has a core faculty of 5 other pediatricians, all experts in child abuse and neglect. These are: Mesa Baker, MD (Baltimore City), Mitchell Goldstein, MD, MBA (Baltimore City), Scott Krugman, MD (Baltimore County), Wendy Lane, MD, MPH (Baltimore City and Howard Counties), and Charles Shubin, MD (Baltimore). We recently added a nurse, Pam Holtzinger, RN, FNE-A/P. The faculty helps develop and implement CHAMP.

PROGRAM STRUCTURE

The CHAMP director and faculty are responsible for developing and leading the program. This includes:

- Providing a vision for the CHAMP and developing strategies for achieving our goals
- Developing the initial and ongoing training of physicians
- Recruiting, training, and maintaining physicians, including paying their stipends
- Including forensic nurse examiners – pediatrics (FNE-Ps) in the network.
- Ensuring CQI and high quality work
- Evaluating the program
- Collaborating with the Maryland DHMH

The faculty holds a monthly meeting for 2 hours. Ms. Joan Patterson of DHMH is invited. In addition, much work is done through electronic communications, including e-mail and electronic distance consultation software (TeleCAM).

ACHIEVEMENTS: 7/1/09 – 6/30/10

Program Development

- Drs. Wehberg, Haworth and Porter have made good progress; their reports are at the end of this report. Clearly, it takes time to build programs, but all 3 physicians are very dedicated to this effort. These three physicians are funded by CHAMP; we refer to them as CHAMP physicians.
- We have engaged 7 physicians who had been working part-time in the child abuse field in the network and they participate in our regular training sessions: Drs. Paul Lomonico (Harford), Dianna Abney (Charles and St. Mary's), Evelyn Shukat (Montgomery), Fayette Engstrom and Kevin Karpowicz (Talbot), Karla Paylor (Frederick and Baltimore Counties) and Cynthia Rolden (Carroll). These physicians are NOT funded by CHAMP; we refer to them as physicians in the CHAMP network.
- Adding Pam Holtzinger, RN, FNE-A/P, to the CHAMP faculty is a significant step in our efforts to work collaboratively with nurses in Maryland. Pam has already contributed substantially in our faculty meetings.
- We have successfully reached out to and forensic nurse examiners (FNE-Ps) who have been working in the field of child abuse. They have increasingly been participating in CHAMP trainings. It has become clear that in addition to serving underserved counties, CHAMP plays a valuable role in enhancing the capabilities of Maryland health professionals working in this field.
- Feedback from physicians and nurses regarding CHAMP has been very positive. It is evident that the peer review is critical for ensuring and improving skills.
- All participants in the CHAMP network are offered:
 - Consultation via Telecam
 - The CHAMP Handbook
 - Half-day trainings, three times a year.
 - Paid subscription to the Quarterly, a review of the medical literature on child maltreatment (physicians only).
- Dr. Dubowitz has spoken with CPS leaders in several counties that currently do not have a dedicated physician about possible participation in CHAMP.
 - Cecil County is developing a CAC and CHAMP has started supporting them in helping set up the physician office
 - Baltimore County has been going through a transition in the physician staffing for child abuse evaluations. There is ongoing discussion with Dr. Grossman in the county health department regarding support via CHAMP.
- We developed the following materials (see Appendix):
 - A parent handout on FAQs regarding the medical evaluation for sexual abuse
 - Powerpoint presentations on physical and sexual abuse for CHAMP physicians to train non-medical professionals
 - A Powerpoint presentation on child abuse and reporting issues for pediatric primary care providers; this was modeled after the highly successful EPIC-SCAN program in Pennsylvania
 - VisualShare developed QuickStart to help orient CHAMP participants to TeleCAM

- Continuing Medical Education (CME) credit has been approved via the University of Maryland School of Medicine for CHAMP training sessions. Certificates of attendance are provided to both physicians and nurses after each training session. This is a helpful incentive to participate.

Training

We held 3 half-day training sessions at the University of Maryland School of Medicine on 10/14/09, 2/10/10 and 6/9/10 – attended by 17-24 people. These were very well received. Agendas are in the Appendix. In addition, we offered orientation sessions to TeleCAM and we met with the CHAMP physicians paid by the program to discuss “systems” issues in the mornings prior to the trainings.

Ongoing training also occurs via case consultation and intermittent conversations on systems issues.

As of 2010 we no longer pay physicians to attend. Happily, this has not affected attendance, even though for many of them, this involves a full day away from their practice.

Program Implementation

All the CHAMP physicians have a roster of faculty on call. We provide 24/7 coverage.

Examiners are able to post detailed information on cases including images on a secure website, accessible to reviewers who can quickly provide feedback. Several reviewers can comment and the primary examiner can pose questions. A useful feature is a “discussion thread” that allows for an ongoing on-line conversation.

Program Supervision, Monitoring and Evaluation

Supervision of newly recruited physicians is done via posting cases and images on Telecam, with at least two faculty members reviewing each case. Identifiers are removed, so that all CHAMP physicians can follow the cases for learning purposes. We are also offering this, voluntarily, to physicians and nurses who are participating in the CHAMP network, as part of our CQI. They are able to post their own cases and to receive feedback from several faculty members.

PROPOSED PLANS FOR THE COMING YEAR

We have made good progress thus far. The program definitely appears sustainable as we build upon the solid foundation we have laid. Major specific plans are:

- Continue to nurture the program in Allegeny, Wicomico and Garrett counties.
- Continue efforts underway to work with Cecil and Baltimore counties.
- Continue to develop the network, including other physicians and forensic nurse examiners – pediatrics (FNE-Ps).
- Distribute a CHAMP Resources CD to participants in the network; this will include many of the materials we have developed thus far.
- Recruit a CHAMP coordinator to help develop the program to the next level.
- Begin efforts to have CHAMP physicians visit primary care practices in their county to help raise awareness of child maltreatment and explain the process reporting to child protective services.

- Include neglect and prevention in CHAMP trainings and efforts. With regard to neglect, we will include neglect in our trainings, with the goal of having CHAMP physicians are in a position to provide consultation on neglect cases – the most common form of maltreatment. They should be especially useful in cases with medical issues. Once a CHAMP physician is reasonably established as a resource in the County, we will promote ways to engage in prevention efforts. This should include collaboration with the County Health Department, the American Academy of Pediatrics, and other local agencies. One approach will be to training primary care physicians to identify and address risk factors for maltreatment.
- Develop a CHAMP Website.
- Expand participation of our consultation and peer review system via TeleCAM.
- Develop a library of teaching cases on TeleCAM.
- Organize three half-day trainings.

Maryland Child Abuse Medical Providers (CHAMP)

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Appendix A

Maryland Child Abuse Medical Providers (CHAMP)

When sexual abuse is suspected: Common concerns about the medical evaluation

1. Why does my child have to go through this after she/he has gone through so much?

- The medical exam is an important part of the overall evaluation of possible sexual abuse. It can find both new and old injuries, test for sexually transmitted diseases (STDs) like Gonorrhea, and sometimes collect evidence of sexual contact.
- Children and teens may worry about their bodies following sexual abuse. This exam should help answer questions your child may have. The exam can ease any worries that your child or you may have about his or her body.

2. Why can't my family physician/pediatrician do the exam? My child knows that physician and their office.

- This exam requires special knowledge and skills concerning sexual abuse.
- There is a need to document the exam findings, with a camera.
- If the matter comes to court, it helps to have an expert to testify.

3. My child told me about what happened. The last time he/she was touched was a long time ago. Is there still a need for an exam?

- Yes. Even though the abuse may have happened long ago, your child may still worry about her/his body being normal or “damaged.”
- Sometimes, injuries heal in ways that can still provide evidence of the abuse.

4. Will I be able to be with my child throughout the physical exam?

- Yes. We want you to be there to comfort your child.
- Some teens prefer privacy and we will respect their choice.

5. Will this examination be uncomfortable for my child?

- The Maryland Child Abuse Medical Providers (CHAMP) program trains doctors and nurses to appropriately examine children. We try hard to make sure children are as comfortable as possible, although it's not always an easy experience for kids. Rarely, a child may get very upset. If so, we do **not** force the exam.
- Sometimes, tests for STDs are needed. If so, this will be done very gently.

6. What will the exam involve?

- First, a general head to toe exam. This helps because children are used to it. Sometimes, problems related to abuse are found in other parts of the body. Unrelated medical problems may also be found.
- Then, a careful exam of the genital and anal areas.
- The girl's exam is almost always limited to looking at the outside, without putting anything inside the vagina. No Pap smear is needed.
- In some teenage girls who have had their period, testing for STDs may need a speculum – one specially made for this age group.
- The examination of the anus only involves looking at the outside.

7. Will the doctor/nurse be able to tell if my child was abused?

- Most children who have been abused have normal exams.
- Occasionally, physical or laboratory findings will confirm the diagnosis of sexual abuse.
- It's important to know that even when the exam is normal, this does not mean that abuse could not have happened. The abuse may not have caused any injury. And, even if there was an injury, it may have fully healed without any scars
- What your child says about what happened is the most important part.

8. What if my child has a sexually transmitted disease (STD) like Chlamydia?

- We will contact you with the results and recommend treatment.

9. Will the doctor provide a written report about the findings to Child Protective Services and law enforcement?

- Yes

10. What happens after the exam? Can the physician / nurse help me deal with my child's mental health needs?

- Yes. The doctor or CPS worker can help find a counselor for your child. Going through this process can be hard for parents, too. You may also want a referral for professional support.

11. Who pays for the medical evaluation?

- This is covered by the Maryland Department of Health and Mental Hygiene. You do not need to pay for the exam or STD tests. However, you or your insurance may be billed for follow-up care, like repeat STD testing, and medications.

Survey of Quality of Services Provided by your Local CHAMP Physician

Name of CHAMP Physician _____ Date _____

County _____

Please rate the following characteristics of your local CHAMP physician:

	Excellent	Good	Fair	Poor	N/A
Ease in interacting with children					
Ease in interacting with caregivers					
Ease in interacting with CAC staff					
Quality of written reports					
Timeliness of written reports					
Accessibility					
Fund of knowledge					
Ability to explain medical information to non-medical professionals					

How many medical exams did the CHAMP physician perform in the **past 6 months**? _____

Did you receive a written report for all of these exams? YES NO

If NO, for how many of these exams did you receive a written report? _____

How many case reviews (e.g. review of medical records, photos, and/or x-rays for a child) did the CHAMP physician perform in the **past 6 months**? _____

Did you receive a written report for all of these case reviews? YES NO

If NO, for how many of these case reviews did you receive a written report? _____

Are there additional activities/responsibilities that you think appropriate for your CHAMP physician?

Please add any comments that you think would be helpful.

Name: _____

Please return to Howard Dubowitz, MD, MS hdubowitz@pediatrics.umaryland.edu

THANK YOU

APPENDIX C

Maryland CHAMP Training Agendas

October 8, 2009

12.30: Lunch

1.00: Challenging cases – M. Goldstein, MD

2.15: Case discussion

3.00: Break

3.15: Presentation for primary care providers – W. Lane, MD

4.15: Cases and issues for discussion

5.00: Adjourn

February 11, 2010

11.00: TeleCAM training – A. Haworth

12.30: Lunch

1.00: Mimics of child abuse – H. Dubowitz, MD

2.15: Case discussion

3.00: Break

3.15: Approach to failure to thrive – S. Krugman, MD

4.15: Cases and issues for discussion

5.00: Adjourn

June 10, 2010

12.30: Lunch

1.00: Mimics of child abuse – H. Dubowitz, MD

2.15: Case discussion

3.00: Break

3.15: More cases – S. Krugman, MD and W. Lane, MD

4.15: Cases and issues for discussion

5.00: Adjourn

APPENDIX D – County Reports

Wicomico County **ANNUAL REPORT- MARYLAND CHAMP PROGRAM** 7/1/09 - 6/30/10

Jennifer Wehberg, M.D.
Wicomico County Child Advocacy Center
926 Snow Hill Road Cottage 400
Salisbury, Maryland 21801

Sexual abuse: 19
Physical abuse: 22
Other consultations: 10

Other activities:

Court appearances: 2
SAFE nurses training
Attended CHAMP training sessions at UMMS
Spoke at local SART conference at Wor-Wic Community College
Available for consultations for Wicomico, Somerset, and Worcester County

I hope to continue to offer CHAMP services to the Eastern shore.

Sincerely,

Jennifer Wehberg, M.D.

ANNUAL REPORT- MARYLAND CHAMP PROGRAM
Fiscal Year 2010
Allegany County

Allen Haworth, D.O.
Allegany County CAC
One Frederick St.
Cumberland, MD 21502

.FY2010 has seen the establishment of the non profit component to the Allegany County CAC called Jane's Place. Jane's Place has a Board of Directors who has hired a Director for the CAC. I have been working on the advisory board which was responsible for organizing the Board of Directors and I am now in an advisory role for the newly established Board of Directors. There have already been several fund raiser events which have brought in money for Jane's Place.

This year we are almost ready to move our CAC into a new location that will be much more adequate. Our old CAC was a single room partitioned off into an exam room, waiting room and interview room. Our new facility will have much more space with room for a separate exam room, interview rooms, and room for social workers, law enforcement, and the states attorney. We hope to have space for counseling services if funds become available to hire a therapist for the CAC. This will be in a building that has easy access to patients/clients, with adequate free parking, which makes for improved availability to lower income families.

I continue to serve an active role on Allegany County Child Abuse Task Force Board, as well as the Allegany Count Sexual Abuse Response Team(SART). I continue to have an excellent working relationship with our local hospital's SAFE nurses and review many of their pediatric cases. We had a total of 22 cases come through the CAC during FY2010. As Law Enforcement becomes more aware of how the CAC can be used, this number will most likely increase.

I look forward to another year working with the CHAMP program and appreciate the help and support of the faculty. I do plan to continue to attend the training sessions offered in Baltimore even though they have become a personal financial burden since the stipend for these trainings has been eliminated. I feel that that is something that should be reconsidered to help insure the ongoing success of the CHAMP program.

Garrett County
ANNUAL REPORT- MARYLAND CHAMP PROGRAM
7/1/09 – 6/30/10

Richard Porter D.O.
Wellspring Family Medicine
311 N. Fourth St. Suite 1
Oakland, MD 21550

I have worked with the Garrett County Department of Child Protective Service since June 2008 after I began training sessions at University of Maryland Hospital with the CHAMP physicians. This is my second year with the CHAMP team. I have been really enjoying the opportunity.

Over the past year, I have seen 17 total cases of suspected abuse (10 sexual and 7 physical). I have done 3 case reviews involving sexual abuse.

I have developed a working relationship with the CAC staff, case workers and investigators. I attend our monthly CAC meetings. We are making progress in forming a CAC. We met with the regional CAC center and started to work on the core requirements. I make myself available to the ER, states attorney, and other local attorneys at anytime while I am in town.

Challenges have been getting the paper work completed and our CAC getting approved. The double charting is time consuming. My office has learned the proper billing and that is helping to keep things as accurate as possible. When our county is able to open a full CAC then this problem will be resolved and I am hoping that over the next 12 months this will be a reality. I hope to eventually see the patients at the CAC. I am excited because then the charting will be there and the letters to the referring physicians will be on CAC letter head.

The CHAMP training sessions have been invaluable. I had very limited training in residency in the area of abuse so I have loved the education provided. The CHAMP physicians are always supportive if I have a question concerning a case in Garrett County. I can't wait to get the PowerPoint presentation on child abuse that the CHAMP leadership is putting together

I hope to continue to offer this service to Garrett County and extend the educational aspect of this program. Lastly we now have two forensic nurse examiners for our county.

Sincerely,

Richard Porter D.O.